SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$34,167,220	\$8,112,860	\$337,715,090	\$74,556,670	\$3,286,750	\$94,870
OTHER MEDICAL	\$68,120,530	\$15,354,840	\$441,044,030	\$186,560,390	\$7,168,660	\$191,670
COUNTY OUTPATIENT	\$1,685,080	\$1,166,780	\$52,531,700	\$8,936,830	\$190,200	\$30
COMMUNITY OUTPATIENT	\$22,564,670	\$4,514,410	\$223,507,140	\$46,852,320	\$1,259,600	\$12,860
PHARMACY	\$51,462,900	\$22,363,390	\$1,173,808,860	\$96,821,260	\$9,011,590	\$214,590
COUNTY INPATIENT	\$6,266,640	\$1,971,340	\$148,211,230	\$25,658,210	\$1,197,630	\$3,740
COMMUNITY INPATIENT	\$174,930,190	\$30,405,140	\$1,135,597,590	\$251,080,330	\$27,477,290	\$188,730
NURSING FACILITIES	\$437,639,220	\$25,476,700	\$669,132,240	\$2,612,940	\$1,968,330,350	\$7,539,640
ICF-DD	\$451,440	\$10,394,420	\$187,472,250	\$523,310	\$25,286,380	\$3,827,180
MEDICAL TRANSPORTATION	\$15,942,400	\$4,436,930	\$62,122,100	\$5,492,400	\$4,208,630	\$130,850
OTHER SERVICES	\$132,521,000	\$11,818,810	\$446,505,970	\$22,867,260	\$63,099,070	\$151,710
HOME HEALTH	\$148,480	\$10,534,450	\$92,152,750	\$3,547,850	\$2,870	\$0
FFS SUBTOTAL	\$945,899,770	\$146,550,070	\$4,969,800,940	\$725,509,770	\$2,110,519,020	\$12,355,870
DENTAL	\$37,309,290	\$2,127,000	\$86,487,400	\$119,508,930	\$4,668,620	\$23,070
TWO PLAN MODEL	\$31,311,120	\$8,513,930	\$670,020,850	\$1,090,998,760	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$137,680,870	\$13,451,060	\$542,807,950	\$165,404,680	\$295,300,620	\$913,360
GEOGRAPHIC MANAGED CARE	\$6,498,490	\$1,770,200	\$129,742,240	\$181,894,280	\$0	\$0
PHP & OTHER MANAG. CARE	\$171,809,680	\$2,879,720	\$65,207,050	\$11,855,380	\$4,877,870	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$15,115,530	\$0	\$0
MEDICARE PAYMENTS	\$1,064,357,810	\$57,665,980	\$1,606,606,610	\$0	\$147,326,880	\$1,934,210
STATE HOSP./DEVELOPMENTAL CNTRS.	\$538,000	\$1,882,990	\$75,164,010	\$820,690	\$13,616,530	\$1,105,880
MISC. SERVICES	\$605,931,160	\$34,879,170	\$2,383,281,500	\$1,239,310	\$0	\$0
NON-FFS SUBTOTAL	\$2,055,436,420	\$123,170,040	\$5,559,317,610	\$1,586,837,560	\$465,790,520	\$3,976,520
TOTAL DOLLARS (1)	\$3,001,336,190	\$269,720,110	\$10,529,118,550	\$2,312,347,340	\$2,576,309,540	\$16,332,390
ELIGIBLES ***	401,400	22,900	930,800	1,305,400	47,200	200
ANNUAL \$/ELIGIBLE	\$7,477	\$11,778	\$11,312	\$1,771	\$54,583	\$81,662
AVG. MO. \$/ELIGIBLE	\$623	\$982	\$943	\$148	\$4,549	\$6,805

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,352,240	\$57,317,080	\$592,260	\$68,333,220	\$308,635,520	\$36,522,250
OTHER MEDICAL	\$6,598,860	\$83,691,520	\$2,265,350	\$125,409,380	\$471,371,420	\$73,627,970
COUNTY OUTPATIENT	\$559,700	\$8,511,040	\$101,710	\$21,059,610	\$39,003,320	\$4,389,930
COMMUNITY OUTPATIENT	\$1,254,160	\$22,411,490	\$238,600	\$41,022,950	\$128,491,630	\$16,295,780
PHARMACY	\$15,255,420	\$83,906,050	\$832,150	\$106,360,050	\$172,842,000	\$46,609,100
COUNTY INPATIENT	\$17,570,360	\$26,002,970	\$1,064,110	\$174,684,700	\$189,189,060	\$15,744,410
COMMUNITY INPATIENT	\$43,006,060	\$130,420,940	\$1,867,830	\$327,776,850	\$1,105,900,120	\$115,915,560
NURSING FACILITIES	\$487,381,780	\$231,095,750	\$1,372,620	\$71,342,940	\$20,418,960	\$7,427,660
ICF-DD	\$185,495,050	\$222,660	\$0	\$5,130,430	\$813,660	\$2,318,940
MEDICAL TRANSPORTATION	\$2,482,400	\$12,001,130	\$429,550	\$15,406,220	\$12,945,390	\$1,906,300
OTHER SERVICES	\$14,093,720	\$106,913,680	\$843,420	\$73,548,310	\$66,536,060	\$10,477,600
HOME HEALTH	\$22,420	\$740,780	\$33,360	\$49,387,620	\$7,364,740	\$8,944,800
FFS SUBTOTAL	\$781,072,160	\$763,235,090	\$9,640,950	\$1,079,462,270	\$2,523,511,900	\$340,180,280
		.		•	.	
DENTAL	\$1,485,490	\$21,653,700	\$63,740	\$11,678,650	\$276,626,910	\$22,410,940
TWO PLAN MODEL	\$0	\$33,139,800	\$262,360	\$38,974,060	\$1,943,880,010	\$40,040,020
COUNTY ORGANIZED HEALTH SYSTEMS	\$117,880,930	\$81,347,440	\$218,590	\$88,038,150	\$424,163,100	\$20,986,440
GEOGRAPHIC MANAGED CARE	\$0	\$4,293,520	\$0	\$7,429,610	\$216,647,470	\$5,161,060
PHP & OTHER MANAG. CARE	\$189,630	\$24,508,160	\$30,320	\$2,742,290	\$25,937,790	\$1,991,300
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$35,716,670	\$2,722,910
MEDICARE PAYMENTS	\$34,715,430	\$264,410,400	\$1,923,890	\$169,727,940	\$15,209,460	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,966,720	\$478,230	\$29,890	\$761,950	\$89,670	\$386,190
MISC. SERVICES	\$0	\$349,725,730	\$905,950	\$316,824,580	\$2,938,070	\$223,930
NON-FFS SUBTOTAL	\$362,238,190	\$779,556,980	\$3,434,750	\$636,177,230	\$2,941,209,150	\$93,922,790
TOTAL DOLLARS (1)	\$1,143,310,350	\$1,542,792,070	\$13,075,700	\$1,715,639,500	\$5,464,721,040	\$434,103,080
ELIGIBLES ***	15,000	234,400	700	126,900	2,964,200	223,500
ANNUAL \$/ELIGIBLE	\$76,221	\$6,582	\$18,680	\$13, 520	\$1,84 4	\$1,9 4 2
AVG. MO. \$/ELIGIBLE	\$6,352	\$548	\$1,557	\$1,127	\$154	\$162

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$3,500,710	\$687,790	\$24,395,250	\$184,167,140	\$4,057,360	\$4,973,550
OTHER MEDICAL	\$2,439,970	\$902,890	\$47,054,250	\$168,655,100	\$16,334,950	\$10,263,360
COUNTY OUTPATIENT	\$459,070	\$168,520	\$5,735,080	\$10,168,600	\$785,280	\$673,490
COMMUNITY OUTPATIENT	\$1,031,950	\$140,740	\$6,812,920	\$29,234,020	\$3,063,270	\$3,555,460
PHARMACY	\$3,266,050	\$668,510	\$15,721,600	\$14,767,400	\$2,763,610	\$5,223,240
COUNTY INPATIENT	\$1,412,460	\$64,770	\$54,263,630	\$61,844,480	\$788,140	\$1,536,850
COMMUNITY INPATIENT	\$10,476,180	\$589,920	\$138,799,450	\$448,710,940	\$8,425,220	\$14,138,530
NURSING FACILITIES	\$36,653,570	\$0	\$18,800,760	\$0	\$0	\$0
ICF-DD	\$1,709,810	\$0	\$336,840	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$225,210	\$16,590	\$2,936,800	\$1,631,580	\$287,810	\$248,120
OTHER SERVICES	\$766,630	\$99,120	\$2,720,480	\$11,563,280	\$2,627,270	\$2,956,290
HOME HEALTH	\$17,230	\$1,620	\$59,640	\$873,890	\$514,880	\$1,004,020
FFS SUBTOTAL	\$61,958,850	\$3,340,470	\$317,636,720	\$931,616,440	\$39,647,780	\$44,572,910
DENTAL	\$286,940	\$1,365,000	\$161,510	\$447,240	\$10,275,170	\$10,801,880
TWO PLAN MODEL	\$1,985,490	\$1,606,910	\$0	\$45,174,820	\$86,144,860	\$71,938,020
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,707,830	\$240,510	\$2,346,190	\$20,814,350	\$28,551,760	\$18,344,350
GEOGRAPHIC MANAGED CARE	\$271,380	\$171,090	\$0	\$7,277,720	\$15,394,000	\$11,678,050
PHP & OTHER MANAG. CARE	\$23,860	\$0	\$0	\$1,607,670	\$1,039,590	\$928,550
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,473,400	\$1,336,140
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$179,330	\$0	\$69,040	\$239,110	\$0	\$48,780
MISC. SERVICES	\$2,410	\$0	\$0	\$171,410	\$26,180	\$23,750
NON-FFS SUBTOTAL	\$6,457,250	\$3,383,520	\$2,576,740	\$75,732,310	\$142,904,960	\$115,099,520
TOTAL DOLLARS (1)	\$68,416,090	\$6,723,990	\$320,213,450	\$1,007,348,750	\$182,552,740	\$159,672,420
ELIGIBLES ***	3,100	2,900	64,800	205,900	131,500	116,800
ANNUAL \$/ELIGIBLE	\$22,070	\$2,319	\$4,942	\$4,892	\$1,388	\$1,367
AVG. MO. \$/ELIGIBLE	\$1,839	\$193	\$412	\$408	\$116	\$114

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,158,467,820
OTHER MEDICAL	\$1,727,055,150
COUNTY OUTPATIENT	\$156,125,970
COMMUNITY OUTPATIENT	\$552,263,950
PHARMACY	\$1,821,897,740
COUNTY INPATIENT	\$727,474,730
COMMUNITY INPATIENT	\$3,965,706,880
NURSING FACILITIES	\$3,985,225,140
ICF-DD	\$423,982,390
MEDICAL TRANSPORTATION	\$142,850,400
OTHER SERVICES	\$970,109,690
HOME HEALTH	\$175,351,410
FFS SUBTOTAL	\$15,806,511,260
DENTAL	\$607,381,480
TWO PLAN MODEL	\$4,063,991,010
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,962,198,180
GEOGRAPHIC MANAGED CARE	\$588,229,110
PHP & OTHER MANAG. CARE	\$315,628,860
EPSDT SCREENS	\$56,364,650
MEDICARE PAYMENTS	\$3,363,878,610
STATE HOSP./DEVELOPMENTAL CNTRS.	\$303,377,000
MISC. SERVICES	\$3,696,173,140
NON-FFS SUBTOTAL	\$14,957,222,030
TOTAL DOLLARS (1)	\$30,763,733,290
ELIGIBLES ***	6,797,600
ANNUAL \$/ELIGIBLE	\$4,526
AVG. MO. \$/ELIGIBLE	\$377
•	• •

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 33. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

EXCLUDED POLICY CHANGES: 33

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
8	STATE-FUNDED KINGAP
30	CDSS SHARE OF COST PAYMENT FOR IHSS
35	UNSPECIFIED BUDGET REDUCTION
46	FAMILY PACT DRUG REBATES
87	HOSP FINANCING - DSH PMT
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
89	HOSP FINANCING - SAFETY NET CARE POOL
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND
94	HOSP FINANCING - STABILIZATION FUNDING
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND
97	HOSP FINANCING - CCS AND GHPP
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
102	BASE ADJUSTMENT - DPH INTERIM RATE
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
104	CAPITAL PROJECT DEBT REIMBURSEMENT
106	IGT FOR NON-SB 1100 HOSPITALS
107	FFP FOR LOCAL TRAUMA CENTERS
108	CERTIFICATION PAYMENTS FOR DP-NFS
109	DSH OUTPATIENT PAYMENT METHOD CHANGE
110	SRH OUTPATIENT PAYMENT METHOD CHANGE
122	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
124	HEALTHY FAMILIES - CDMH
127	MINOR CONSENT SETTLEMENT
128	DENTAL RETROACTIVE RATE CHANGES
156	DELAY CHECKWRITE JUNE 2008 TO JULY 2008

Last Refresh Date: 01/05/2009

EXCLUDED POLICY CHANGES: 33

157 DELAY CHECKWRITE JUNE 2009 TO JULY 2009